

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008086

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2242

STATE FILE NUMBER

VS 300
Rev. 4/59

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12 65-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

FILED MAR 7 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
74 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lutheran Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ^{ff} Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3801 Holly Hills Blvd.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHARLES

J,

GEVECKER

4. DATE OF DEATH

Month

Day

Year

February

22,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/1/187

9. AGE (last birthday)

74 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner and Operator

10b. KIND OF BUSINESS OR INDUSTRY

Sheet Metal Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

August Gevecker

13b. MOTHER'S MAIDEN NAME

Lizzie Thoerner

14. NAME OF HUSBAND OR WIFE

Ida Roll Gevecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mayme Bischoff, 3331 Gravois Avenue

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac insufficiency

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)

DUE TO (b)

Calcific aortic stenosis

5 yrs

DUE TO (c)

421.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/13/60 to 7/22/62 and last saw her him alive on 2/21/62

Death occurred at 8:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Frede Mortensen M.D.

22b. ADDRESS

3701 Grandel Sq.

22c. DATE SIGNED

2/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Entombment

23b. DATE

Febr. 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Mausoleum

23d. LOCATION (City, town, or county)

St. Louis County, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F.H. Inc., 1936 St. Louis (6)

25. DATE RECD. BY LOCAL REG.

FEB 26 1962

26. REGISTRAR'S SIGNATURE

Lead Smith. M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harmon W. Fritz

Licensed Embalmer No.

3882

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Dr. Frank Matthews
3701 Bunker Lane*